

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097016283**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		①		1		
9		2		1		
10		①		1		
11		①		1		
12		1		1		
13		①		1		
14		①		1		
15		①		1		
16		①		1		
17		①	Canceled			
18		①		1		
19				1		
20				1		
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			19			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831